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BIBDATASHEET**CONFIRMATION NO. 7001**

Bib Data Sheet

SERIAL NUMBER 10/064,957	FILING DATE 09/04/2002 RULE	CLASS 060	GROUP ART UNIT 3748	ATTORNEY DOCKET NO. 202-0235
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APPLICANTS

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** CONTINUING DATA ***** None DT

** FOREIGN APPLICATIONS ***** None DT

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** 09/13/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Allowance <i>Hembran</i> Examiner's Signature DT Initials				

ADDRESS

Kolisch Hartwell, P.C.
 200 Pacific Building
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TITLE

Exhaust emission control and diagnostics

FILING FEE RECEIVED 962	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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